



Activity Registration



HOUSEHOLD LAST NAME

Parent/Guardian FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ()

WORK ()

EMERGENCY ()

☐ VISA

☐ MC

Email address: _____

☐ CASH

☐ CHECK

CHECK # : _____

REC'D BY: _____

PARTICIPANT INFORMATION

First Name	Last Name	DOB	gender	Activity Name	Activity #	Fee
		/ /	M F			
		/ /	M F			
		/ /	M F			
		/ /	M F			

PARTICIPANT RELEASE

TOTAL FEE: _____

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities

SIGNATURE: _____

DATE: _____

Revised 01/05

ADULT BASKETBALL LEAGUE 2010-2011

Team Name _____

Manager Name _____

Check ✓	League	Day	Activity #	Fee
	Men's Rec	Monday	303301-N	\$275
	Men's Comp	Tuesday	303302-N	\$275
	Men's over 35	Wed	303304-N	\$275
	Women's	Sunday	303303-N	\$275

Registration Deadline is November 14th